

ANIMAL HUSBANDRY EXEMPTION APPLICATION

Owner Information

Owner's Name _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Email _____

Applicant Information

Applicant's Name _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Email _____

Property Information

Assessor's Parcel # _____

Subdivision _____

Unit # _____

Lot # _____

Name of Dispensary _____

Address/Location _____

Zoning _____

Existing Land Use _____

Lot Size _____

Project Description

Please describe animal husbandry project; include type and number of animals:

CERTIFICATION & ACKNOWLEDGEMENT

I am applying for an Animal Husbandry Exemption and this application is complete and accurate. I agree to abide by all of the regulations of this jurisdiction. I understand that by applying for this permit, I am requesting inspection of the permitted use and grant Coconino County Community Development and their inspectors and regulators access and permission to perform inspections.

Incomplete or inaccurate submittals may result in delays, return of submittals, or denial of this application.

I am responsible for contacting the Coconino County Community Development Department at (928) 679-8850 to schedule all required inspections for this permit.

Signature of Applicant

_____ Date _____

Signature of Property Owner (if not the applicant)

_____ Date _____

ORGANIZATIONAL CERTIFICATION

4-H or FFA

Verification of participation in a valid animal husbandry project is required. Only with all the required signatures below will this application be accepted by the Department of Community Development.

I hereby certify that the animal husbandry project described in this application is currently enrolled and in good standing with our organization.

Signature of 4-H Youth Development Agent or FFA Advisor

_____ Date _____

OFFICE USE ONLY

Received By _____ Date _____

Receipt # _____ Fee _____

Case # _____

Related Cases _____

DIRECTOR ACTION

☐ Approved with Conditions (see attachments) ☐ Denied

Action By _____ Date _____

Expiration _____